**Workplace Violence Prevention**

**Conversation Starters for Home Care Professionals**

**Scenario 1:** Weapon in The Home:

*An employee reports that on a recent home visit to the home of a 78-year-old dementia patient, there was a firearm unsecured in the living room of the home.  The firearm appeared to be loaded and was near the patient with no type of gun lock.  The employee was concerned and spoke to the patient about the weapon.  The patient replied that he had the weapon out in case of an intruder and then talked about strangers in his apartment. The employee felt this was an unsafe situation and was concerned for her own safety and that of the patient. The patient lives with his spouse, who is also elderly and shows some signs of mild cognitive impairment. The spouse appeared to have little concern over the firearm and said it was just for show.*

1. Who is the appropriate person for the employee to report this information to?
2. Is a call to Adult Protective Services warranted in this situation?
3. Are there current company policies that cover this type of situation?  If so, have employees been trained in them?
4. Can we require that a patient, in their own home, secure firearms during a visit by our staff? If so, what is the process for non-compliance?

**NOTES:**

**Facilitator Notes:**

1. Employees should understand where to report all suspicious or dangerous activities and how that process works. Train employees in this process regularly and in how follow-up will be conducted.  Make sure follow-up processes include the employee. When processes do not, employees feel that their report is “wasted” or ignored.
2. This is a point for discussion. It may depend on factors not listed in the scenario.  If the answer is no, ask what factors would have to be present for the group to feel a report to APS was needed.
3. This question is designed to create discussion around possible policy expansion if no policy exists. If there is a policy in place, then what is the level of employee awareness of the policy and its implementation?
4. Even though it is a private home, patients can still be required to secure items like firearms or other dangerous implements during visits.  This condition of service can be written into care agreements if necessary. The process for non-compliance and the steps of that process should be clearly written in the policy and reviewed with patients and responsible parties.

**Further Discussion Points:**

* What if the item is a large kitchen knife rather than a firearm?
* How does the situation change if the patient lives alone?
* How is this handled if the patient is showing signs of depression or makes possible statements of self-harm?